



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LUTHERAN HOSPITAL OF INDIANA

City of Hospital: Fort Wayne

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Karen Till

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Medicare Provider Number: 15-0017

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1557891464
Outpatient Patient Service Revenue	\$1063364547
Total Gross Patient Service Revenue	\$2621256011

2. Deductions From Revenue

Contractual Allowance	\$2099269130
Other Deductions	\$-10242957
Total Deductions	\$2089026173

3. Total Operating Revenue

Net Patient Service Revenue	\$532229836
Other Operating Revenue	\$4338413
Total Operating Revenue	\$536568249

4. Operating Expenses

Salaries and Wages	\$112577130	Employee Benefits	\$24361669
Depreciation and Amortization	\$20287850	Interest Expense	\$1702564
Bad Debt	\$24340816	Other Expenses	\$187288157
Total Operating Expenses	\$370558186		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$166010063	Total Assets	\$381853282
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$381853282

Total Net Gains	\$166010063
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$762240538	\$675660695	\$86579843
Medicaid	\$374488715	\$332276160	\$42212555
Other Government	\$81869343	\$68389682	\$13479661
Other State	\$0	\$0	\$0
Other Payers	\$1402657412	\$1012699636	\$389957776
Total	\$2621256008	\$2089026173	\$532229835

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$18644.80	\$-18644.8

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$93408	\$-93408

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2852092	\$-2852092
Hospital Patients	\$0	\$517451	\$-517451
Community Education	\$317896	\$717987	\$-400091

Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	676
Number of Citizens Exposed to Health Education Messages	2528

Statement Six: Charity Statement

Hospital Charity Charges	\$10242957
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1267054	
HCI Payments	\$0		
Subtotal	\$0	\$1267054	\$-1267054
Medicaid Shortfalls	\$42212555	\$46324254	
Subtotal	\$42212555	\$47591308	\$-5378753
DSH Payments	\$0		
Subtotal	\$42212555	\$47591308	\$-5378753
Medicare Shortfalls	\$86579843	\$94289155	
Other Government Programs	\$13479661	\$10127238	
Total	\$142272059	\$152007701	\$-9735642

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$8222795	\$-8222795
Other Allocations	\$0	\$0	\$0

Comments

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